

CONSORTIUM PARTNERS IDENTIFICATION FORM

Program _____

Select Country _____

Lead Partner:Name: Prefix: First Name: Middle Name: Last Name: Suffix: Name of Institution/Organization: Department: Complete Address: Street Name1: Street Name2: City: State/Province: Zip/Postal Code: Country: Phone Number: Fax Number: E-mail Address: **Partner Two:**Name: Prefix: First Name: Middle Name: Last Name: Suffix: Name of Institution/Organization: Department: Complete Address: Street Name1: Street Name2: City: State/Province: Zip/Postal Code: Country: Phone Number: Fax Number: E-mail Address: **Partner Three:**Name: Prefix: First Name: Middle Name: Last Name: Suffix: Name of Institution/Organization: Department: Complete Address: Street Name1: Street Name2: City: State/Province: Zip/Postal Code: Country: Phone Number: Fax Number: E-mail Address:

**FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION
INTERNATIONAL CONSORTIA PROGRAM**
Project Title Form

Program _____

Consortium Members - - U.S. Partners:

Lead: _____

Partner: _____

Partner: _____

Consortium Members - - Foreign Partners:

Lead: _____

Partner: _____

Partner: _____

Consortium Members - - Foreign Partners:

Lead: _____

Partner: _____

Project Title: _____

Abstract of Proposal:

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Select project format:

- ☐ Four-year consortia project
- ☐ Two-year consortia project

Federal Funds Requested:

Year 1: _____

Year 2: _____

Year 3: _____

Year 4: _____

Total: _____

U.S. Department of Education Budget Summary				OMB Control Number: 1840-0785 Expiration Date: 06/30/2009	
1. Program			2. Select One: Lead (fiscal agent) Partner		
3. Name of Institution/Organization:					
Project Costs Requested from FIPSE:					
Budget Categories	Project Year 1 (a)	Project Year 2 (b)	Project Year 3 (c)	Project Year 4 (d)	Total (e)
4. Personnel (salary & wages)					
5. Fringe Benefits (employee benefits)					
6. Travel					
7. Equipment (purchase)					
8. Supplies (and materials)					
9. Contractual (enter partner totals here)					
10. Other (equipment rental, printing, etc.)					
11. Total Direct Costs (lines 4-10)					
12. Indirect Costs* (8% of line 11)					
13. Mobility Stipends					
14. Language Stipends					
15. Subtotal of Stipends (lines 13+14)					
16. Total Requested from FIPSE (lines 11+12+15) (These figures should appear on the Title Form)					
Project Costs Not Requested from FIPSE:					
17. Lead Partner non-federal funds					
18. Subcontractor(s) non-federal funds					
Funds Requested by Foreign Partners:					
19a. Total Requested from Canada					
19b. Total Requested from Mexico					
19c. Total Requested from Brazil					
19d. Total Requested from Europe					
*Indirect Cost Information (To be completed by Your Business Office):					
If you are requesting reimbursement for indirect costs on line 12, please answer the following questions:					
(1) Do you have an Indirect Cost Rate Agreement approved by the federal government? Yes No (Radio Button)					
(2) If Yes, please provide the following information:					
<input type="radio"/> Period covered by the Indirect Cost Rate Agreement: From: <u>mm/dd/yyyy</u> To: <u>mm/dd/yyyy</u>					
<input type="radio"/> Approving federal agency: ED Other (please specify): _____ (Radio Button)					
(3) For Restricted Rate Programs (select one) - - Are you using a restricted indirect cost rate that:					
Is included in your approved Indirect Cost Rate Agreement? Or, Complies with 34 CFR 76.564(c)(2)? (Radio Button)					

ED form No. xxx